

ENDORSEMENT OF REGISTRATION FORM

TO BE COMPLETED BY APPLICANT:

(check one)

To the Secretary for the State Board of

- ☐ Registered Nursing
☐ Practical Nursing

in the state _____

An Application has been received from _____
(Name)

Address _____
Number Street

City

State

Zip Code

who claims to hold license # _____ issued by your state.

Please verify this registration and give the following information:

TO BE COMPLETED BY LICENSING AUTHORITY:

Was the school of nursing approved/accredited by State Board when applicant graduated? Yes ☐ No ☐

License Issued by _____ Examination ☐ Endorsement ☐ From _____
date

Is applicant currently licensed? Yes ☐ No ☐

Has license ever been suspended or revoked? *Yes ☐ No ☐

Has license ever been reinstated? *Yes ☐ No ☐

*If yes, please give full particulars on reverse side of this form.

REGISTERED NURSES

Did applicant write the State Board Test Pool Examination?
Yes ☐ No ☐

If yes, when was series _____

Please give scores in:

Medical Nursing _____

Surgical Nursing _____

Obstetrical Nursing _____

Nursing of Children _____

Psychiatric Nursing _____

NCLEX Score _____ Series _____

(If tested before 1951, please give scores on reverse side of this form).

PRACTICAL NURSES

Was high school graduation verified?
Yes ☐ No ☐

If no, has equivalence been determined? _____

How? _____

Length of Nursing Training Program _____

Did applicant write the State Board Test Pool Examination?

Yes ☐ No ☐

If yes, what series? _____

Please give score _____

NCLEX Score _____ Series _____

(If tested before 1951, please give scores on reverse side of this form).

On behalf of the _____ of the

State of _____ I certify that the above statements are correct.

(SEAL)

Secretary _____

State _____

Date _____